

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|--|---|--|--|--|---|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G101 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/16/2011 | |
| NAME OF PROVIDER OR SUPPLIER CDC INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2906 N 400 E MONTICELLO, IN47960 | | | |
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| W0000 | <p>This visit was for a predetermined full recertification and state licensure survey.</p> <p>Dates of survey: September 12, 13, 14 and 16, 2011.</p> <p>Facility Number: 000639 Provider Number: 15G101 AIMS Number: 100234030</p> <p>Surveyor: Claudia Ramirez, RN/Public Health Nurse Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/23/11 by Chris Greeney, ICF-ID Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p> | | | W0000 | | | |
| W0104 | <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise general direction in a manner to ensure 3 of 3 sample clients (clients #1, #2 and #3) did not pay for their own personal hygiene items and medical items.</p> <p>Findings include:</p> <p>1. On 09/14/11 at 10:00 AM a record review for client #1 was completed. The financial review indicated client #1 had paid for the following:</p> | | | W0104 | <p>Tag W 104 As of 10-6-2011 the process of reimbursement to the consumers for supplies bought with their personal money has been implemented. A target date of 10-31-2011 for complete reimbursement has been set. The ISO form which staff was following is being revised to remove statement of the consumer's responsibility to purchase personal hygiene products. To prevent this from</p> | | 10/10/2011 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | <p>06/06/11 personal hygiene items (shampoo, barsoap, toothbrush and toothpaste) in the amount of \$12.03; 06/13/11 personal hygiene items (wipes and sunscreen) in the amount of \$12.81; 08/11/11 a haircut in the amount of \$15.00 and 08/15/11 personal hygiene items (shampoo, bodywash, bathwash puff) an ice pack and a lunchbag in the amount of \$25.19.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #1 paid for her own hair cut and personal hygiene items and had not been reimbursed for those items.</p> <p>2. On 09/14/11 at 10:15 AM a record review for client #2 was completed. The financial review indicated client #2 had paid for the following: 06/06/11 personal hygiene items (shampoo, barsoap, toothbrush and toothpaste) in the amount of \$12.03; 06/13/11 personal hygiene item (sunscreen) in the amount of \$5.35; 06/17/11 a haircut in the amount of 15.00; 07/22/11 medication in the amount of \$4.02; 08/15/11 personal hygiene items in the amount of \$34.76; 08/20/11 a haircut in the amount of 15.00 and 08/24/11 a foot stool (because she is short and her feet don't touch the floor when she sits at the table to eat) in the amount of \$2.00.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #2 paid for her own hair cut, personal hygiene items and foot stool and had not been reimbursed for those items.</p> <p>3. On 09/14/11 at 10:30 AM a record review for client #3 was completed. The financial review</p> | | | | <p>happening again the Group Home Supervisor will monitor receipts on a weekly basis.</p> | | |

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| W0149 | <p>indicated client #3 had paid for the following: 06/06/11 personal hygiene items (denture cleaner and barsoap) in the amount of \$5.30; 06/13/11 personal hygiene items (sunscreen) in the amount of \$5.35; 06/17/11 a haircut in the amount of \$15.00; 08/15/11 personal hygiene items (shampoo, bodywash, bathpuff and two ice packs) in the amount of \$17.72 and 08/20/11 a haircut in the amount of \$14.00.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #3 paid for her own hair cut and personal hygiene items and had not been reimbursed for those items.</p> <p>1.1-3-1(a)</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review, and interview the facility neglected to implement the facility's policy and procedure related to abuse and neglect. The facility neglected protect 1 of 6 clients living in the group home (client #2) and failed to supervise clients #1 and #2's aggressive behavior</p> | | | W0149 | <p>Tag W 149 Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before 10-21-2011. Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before</p> | | 10/10/2011 |

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| | <p>while attending the agency's day service program and neglected to document effective corrective action for the incidents.</p> <p>Findings include:</p> <p>On 09/12/11 at 2:15 PM and on 09/13/11 at 10:57 AM, the facility's BDDS Reports were reviewed from 10/06/10 through 03/22/11 and indicated the following:</p> <p>1. A BDDS Report, dated 03/17/11, for an incident on 03/17/11 at 9:10 AM indicated, "Staff had asked/offered [client #2] several activities; [client #2] refused all. [Client #1] was in an activity that [client #2] had refused participation. [Client #2] picked up a beanbag, threw it at [client #1]. The beanbag hit [client #1] on the left arm. [Client #1] was not injured and [client #1] continued activity. Staff initiated [client #2's] Behavior Support Plan (BSP); asked [client #2] to go to quiet area. [Client #2] refused. [Client #2] was escorted (per BSP) to quiet time for 60 seconds. Staff was attempting to keep [client #2] in active treatment and [client #2] continued to refused (sic) activities. [Client #2] was separated from other consumers throughout the day to ensure safety. [Client #2] historically reacts with inappropriate behaviors when</p> | | | | <p>10-21-2011. Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe. Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period. Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe. Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period. For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed. For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective</p> | | |

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| | <p>expectations are set by staff."</p> <p>2. A BDDS Report, dated 04/14/11, for an incident on 04/13/11 at 4:00 PM indicated, "[Client #2] got up from chair (sic) and went to [client #1], who was sitting in a chair, and [client #2] pulled [client #1's] hair. Staff followed [client #2's] behavior plan. Redirected staff on being proactive, including at the end of the day as this is when this behavior began. Staff will keep [client #2] and [client #1] at arms length AS MUCH AS POSSIBLE. Encourage [client #2] to shake hands when departing."</p> <p>3. A BDDS Report, dated 05/03/11, for an incident on 05/02/11 at 4:00 PM indicated, "Group home staff arrived at the workshop to pick consumer up. Workshop staff was handing a bag to the group home staff; [client #2] reached over and grabbed [client #1's] hair. [Client #1] did not react and appeared fine. [Client #2] went to quiet time. It is historical for [client #2] to have issues when transitioning. Staff was instructed to ensure that consumers are at least an arms length away from each other at all times."</p> <p>4. A BDDS Report, dated 07/15/11, for an incident on 07/15/11 at 10:05 AM indicated, "While transitioning, [client #2] grabbed [dayservice client #3] and</p> | | | | <p>actions will be done by Department Coordinator as needed For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed</p> | | |

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| | <p>pinched him, leaving a red mark but no bruise at this time. It has been noted in the past that [client #2] does not respond well to transitioning which potentially cause this behavior...Staff followed behavior plan and placed [client #2] into quiet time. Staff informed [client #2] the inappropriateness of her actions. [Client #2] and [dayservice client 3] remained at an arms length away from each other."</p> <p>5. A BDDS Report, dated 04/14/11, for an incident on 04/14/11 at 2:25 PM indicated, "[Client #4] was walking in the workshop classroom. [Dayservice client #2] was reading a book at the bookshelf. [Client #4] bumped into [dayservice client #2's] wheelchair (stated by [client #4] after incident). [Dayservice client #2] reacted by yelling at [client #4]. [Client #4] retaliate by punching [dayservice client #2] in the right upper back shoulder blade. [Client #4] immediately walked away from [dayservice client #2] stating that her hand hurt that she used to hit [dayservice client #2] with. [Client #4] was crying. Staff checked [dayservice client #2] for injury; none notice at that time...Staff talked with [client #4] and [client #4] calmed. Staff discussed with [client #4] the inappropriateness of her actions. Staff discussed with [client #4] how to appropriately request someone to move if she needs to get through. [Client</p> | | | | | | |

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| | <p>#4] stated that she was sorry. [Client #4] was checked for injuries in her right hand; none were noticed. Staff reviewed with [client #4] the consequences of causing pain to others and herself when physically aggressive."</p> <p>6. A BDDS Report, dated 08/25/11, for an incident on 08/24/11 at 3:00 PM indicated, "[Client #4] was walking towards the lockers. [Dayservice client #4] was also standing by the lockers. [Client #4] made an advance towards [dayservice client #4] as if [client #4] was going to "choke" [dayservice client #4]. [Client #4] did not actually make neck contact with [dayservice client #4]. [Dayservice client #4] then hit [client #4] with a closed fist on her nose. [Client #4] began to cry and stated "he hurt my nose." [Client #4] has also had another behavioral issue towards [dayservice client #4] recently as well. Day Service stated that [dayservice client #4] more than likely was defending himself and could have felt threatened...It is recommended that [client #4] and [dayservice client #4] stay out of arms length from each other to prevent further issues."</p> <p>7. A BDDS Report, dated 08/30/11, for an incident on 08/29/11 at 4:10 PM indicated, "Consumer's (sic) had come</p> | | | | | | |

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| | <p>home from workshop and were cleaning out their lunchboxes. [Client #4] pushed [client #2] and [client #2] hit corner of dining room table and fell to the floor. Staff followed [client #4's] BSP. [Client #2] had a 1 1/2" straight long bruise purple in color on her left buttock cheek... [Client #4's] psychiatrist was called to determine if an increase or decrease in her psychotropic medication needs to be adjusted. At the time of this report we have not had a response from the psychiatrist."</p> <p>On 09/12/11 at 3:30 PM, a review of the facility's "Policy On Abuse And Neglect," dated 02/22/11 indicated, "[Agency name]'s policy prohibiting abuse, neglect, exploitation, mistreatment, and rights violation...."</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated the agency neglected to follow the policy/procedure to protect clients from abuse. The QMRP further indicated clients #2 and #4's behavior included aggressive physical behaviors. She further indicated the agency did not document effective corrective action for the client to client aggression incidents.</p> | | | | | | |

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| W0157 | <p>1.1-3-2(a)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review, and interview for 7 of 7 BDDS (Bureau of Developmental Disability Services) reports regarding client aggression, the facility failed to initiate and document immediate corrective action to prevent incidents of client abuse to client #1 by failing to supervise clients #2 and #4 and to prevent physical aggression to consumers/clients at the agency's workshop.</p> <p>Findings include:</p> <p>On 09/12/11 at 2:15 PM and on 09/13/11 at 10:57 AM, the facility's BDDS Reports were reviewed from 10/06/10 through 03/22/11 and indicated the</p> | | | W0157 | <p>Tag W 157</p> <p>Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before 10-21-2011. Training will be on going.</p> <p>Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before 10-21-2011.</p> <p>Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe.</p> | | 10/10/2011 |

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| | <p>following:</p> <p>1. A BDDS Report, dated 03/17/11, for an incident on 03/17/11 at 9:10 AM indicated, "Staff had asked/offered [client #2] several activities; [client #2] refused all. [Client #1] was in an activity that [client #2] had refused participation. [Client #2] picked up a beanbag, threw it at [client #1]. The beanbag hit [client #1] on the left arm. [Client #1] was not injured and [client #1] continued activity. Staff initiated [client #2's] Behavior Support Plan (BSP); asked [client #2] to go to quiet area. [Client #2] refused. [Client #2] was escorted (per BSP) to quiet time for 60 seconds. Staff was attempting to keep [client #2] in active treatment and [client #2] continued to refused (sic) activities. [Client #2] was separated from other consumers throughout the day to ensure safety. [Client #2] historically reacts with inappropriate behaviors when expectations are set by staff." No record of documented effective corrective action was available for review.</p> <p>2. A BDDS Report, dated 04/14/11, for an incident on 04/13/11 at 4:00 PM indicated, "[Client #2] got up from chair (sic) and went to [client #1], who was sitting in a chair, and [client #2] pulled [client #1's] hair. Staff followed [client #2's] behavior plan. Redirected staff on being proactive, including at the end of the day as this is when this behavior began. Staff will keep [client #2] and [client #1] at arms length AS MUCH AS POSSIBLE. Encourage [client #2] to shake hands when departing." No record of documented effective corrective action was available for review.</p> <p>3. A BDDS Report, dated 05/03/11, for an incident on 05/02/11 at 4:00 PM indicated, "Group home staff arrived at the workshop to pick</p> | | | | <p>Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period. Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe. Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period. . For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed. Immediate increase of staff will be put in place until the "Team" meets and determines the next steps to ensure the safety of consumers from consumer to consumer aggression. For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility.</p> | | |

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| | <p>consumer up. Workshop staff was handing a bag to the group home staff; [client #2] reached over and grabbed [client #1's] hair. [Client #1] did not react and appeared fine. [Client #2] went to quiet time. It is historical for [client #2] to have issues when transitioning. Staff was instructed to ensure that consumers are at least an arms length away from each other at all times." No record of documented effective corrective action was available for review.</p> <p>4. A BDDS Report, dated 07/15/11, for an incident on 07/15/11 at 10:05 AM indicated, "While transitioning, [client #2] grabbed [dayservice client #3] and pinched him, leaving a red mark but no bruise at this time. It has been noted in the past that [client #2] does not respond well to transitioning which potentially cause this behavior...Staff followed behavior plan and placed [client #2] into quiet time. Staff informed [client #2] the inappropriateness of her actions. [Client #2] and [dayservice client 3] remained at an arms length away from each other." No record of documented effective corrective action was available for review.</p> <p>5. A BDDS Report, dated 04/14/11, for an incident on 04/14/11 at 2:25 PM indicated, "[Client #4] was walking in the workshop classroom. [Dayservice client #2] was reading a book at the bookshelf. [Client #4] bumped into [dayservice client #2's] wheelchair (stated by [client #4] after incident). [Dayservice client #2] reacted by yelling at [client #4]. [Client #4] retaliate by punching [dayservice client #2] in the right upper back shoulder blade. [Client #4] immediately walked away from [dayservice client #2] stating that her hand hurt that she used to hit [dayservice client #2] with. [Client #4] was crying. Staff checked [dayservice client #2] for</p> | | | | <p>Monitoring of the corrective actions will be done by Department Coordinator as needed.</p> <p>Immediate increase of staff will be put in place until the "Team" meets and determines the next steps to ensure the safety of consumers from consumer to consumer aggression. For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed. Training will be on going.</p> | | |

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| | <p>injury; none notice at that time...Staff talked with [client #4] and [client #4] calmed. Staff discussed with [client #4] the inappropriateness of her actions. Staff discussed with [client #4] how to appropriately request someone to move if she needs to get through. [Client #4] stated that she was sorry. [Client #4] was checked for injuries in her right hand; none were noticed. Staff reviewed with [client #4] the consequences of causing pain to others and herself when physically aggressive." No record of documented effective corrective action was available for review.</p> <p>6. A BDDS Report, dated 08/25/11, for an incident on 08/24/11 at 3:00 PM indicated, "[Client #4] was walking towards the lockers. [Dayservice client #4] was also standing by the lockers. [Client #4] made an advance towards [dayservice client #4] as if [client #4] was going to "choke" [dayservice client #4]. [Client #4] did not actually make neck contact with [dayservice client #4]. [Dayservice client #4] then hit [client #4] with a closed fist on her nose. [Client #4] began to cry and stated "he hurt my nose." [Client #4] has also had another behavioral issue towards [dayservice client #4] recently as well. Day Service stated that [dayservice client #4] more than likely was defending himself and could have felt threatened...It is recommended that [client #4] and [dayservice client #4] stay out of arms length from each other to prevent further issues." No record of documented effective corrective action was available for review.</p> <p>7. A BDDS Report, dated 08/30/11, for an incident on 08/29/11 at 4:10 PM indicated, "Consumer's (sic) had come home from workshop and were cleaning out their lunchboxes. [Client #4] pushed [client #2] and [client #2] hit corner of dining room table and fell to the floor. Staff</p> | | | | | | |

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| W0249 | <p>followed [client #4's] BSP. [Client #2] had a 1 1/2" straight long bruise purple in color on her left buttock cheek...[Client #4's] psychiatrist was called to determine if an increase or decrease in her psychotropic medication needs to be adjusted. At the time of this report we have not had a response from the psychiatrist." No record of documented effective corrective action was available for review.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated the agency failed to document effective corrective action for the BDDS incidents.</p> <p>1.1-3-2(a)</p> | | | | | | |
| | <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2) who had a dining objective, to ensure the objective was implemented</p> | | | W0249 | <p>Tag W 249 All Staff will be retrained on the implementation of the objectives in the Individual Support Plan on or before 10-21-2011. To ensure all staff</p> | | 10/10/2011 |

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| | <p>per the Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>1. On 09/12/11 from 4:40 PM until 6:15 PM observations at the group home were completed. On 09/12/11 at 4:50 PM, client #5 was observed to place dinner plates around the dining room table for clients #1, #2, #3, #4 and #5. Client #1 was not observed to be prompted or assisted to place her plate on the table.</p> <p>Client #1's records were reviewed on 09/13/11 at 12:10 PM. Client #1's ISP dated 06/28/11 indicated client #1 had a goal to place her plate on the dinner table.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #1 should have been prompted and assisted by staff to follow her objective.</p> <p>2. On 09/12/11 from 4:40 PM until 6:15 PM observations at the group home were completed. On 09/12/11 at 4:50 PM, client #5 was observed to place dinner plates around the dining room table for clients #1, #2, #3, #4 and #5. Client #2 was not observed to be prompted or assisted to place her plate on the table.</p> <p>Client #2's records were reviewed on 09/13/11 at 1:06 PM. Client #2's ISP dated 06/16/11 indicated client #2 had a goal to place her plate on the table.</p> <p>On 09/14/11 at 12:15 PM and interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated client #2 should have been prompted and assisted by staff to follow her objective.</p> | | | | <p>are following the Individual Support Plans the Group Home Supervisor will monitor staff at least weekly to ensure on going training and completion of the objectives are being done.</p> | | |

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| W0263 | <p>1.1-3-4(a)</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client #1) who had restrictive programs for psychotropic medication, the facility failed to obtain written informed consent from client #1's guardian prior to implementing the Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 09/13/11 at 12:10 PM. Client #1's ISP dated 06/28/11 indicated client #1 had a BSP. The BSP was dated 06/20/11 and indicated it was updated on that date due to the addition of Haldol (to treat psychotic behavior) PRN (as needed). The BSP was signed by the guardian on 06/28/11. A review of the attached HRC (Human Rights Committee) meeting indicated the HRC approved the BSP on 06/24/11 which was prior to the guardian's approval.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated the guardian should have given consent before the plan was sent to the HRC.</p> | | | W0263 | <p>Tag W 263 QDDP-D will document any and all approval of any Behavior Support Plan by guardian prior to HRC approval. A copy of documentation will be placed in the agency's HRC book and the original of the documentation will be placed in the consumer's Master files with the signed copy of the Behavior Support Plan.</p> | | 10/10/2011 |

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| W0268 | <p>1.1-3-4(a)</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review, and interview for 3 of 3 sample clients (clients #1, #2 and #3) and for 2 additional clients (clients #4 and #5) who lived in the facility and attended the agency dayservice, the facility failed to encourage client dignity, to have age appropriate programming materials.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the following dates and times which included the following observations:</p> <p>During the observation time on 09/12/11 from 4:40 PM until 6:15 PM the group home activities included a game, "Hands Down" which was listed for ages 6+. The shelves contained books which included, "Peek-a-boo," "I Spy a Puppy," "Keep Kids Safe" and "Snow White." Observations on 09/13/11 from 10:00 AM until 11:00 AM at the agency dayservice program included the following activities in the room: children puzzles, children color books, crayons, and children books.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated staff should ensure the dignity of the clients and ensure the clients used age appropriate materials. She indicated the clients were not children and children's toys were not dignified for adults.</p> | | | W0268 | <p>Tag W 268As of 10-21-2011 all age inappropriate items will be removed from both the Day Service Program and the Group Home. To ensure such items have been removed a visual check of the area will be done on a monthly basis by Day Service Coordinator or designee and or Group Home Supervisor or designee.</p> | | 10/10/2011 |

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| W0289 | <p>1.1-3-5(a)</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c) (4) and (5) of this subpart.</p> <p>Based on observation, interview, and record review, the facility failed to include the utilization for 1 of 1 client (client #2) of keeping client #2 "at arms length" of other clients, (due to client's behavioral issues of physical aggression: i.e. pinching, hitting, slapping, or other physical contact directed towards another person with the intent of causing harm), as a part of the client's treatment plans.</p> <p>Findings include:</p> <p>On 09/12/11 from 4:40 PM until 6:15 PM observations were conducted in the group home. Client #2 was observed to walk through the home unattended, walk through rooms with other clients with no staff and in close proximity (less than an arms length away) to clients #1, #3, #4 and #5 living in the group home. At 5:40 PM client #4 was observed to state, "Ouch, [client #2] pinched me."</p> <p>On 09/12/11 at 2:15 PM and on 09/13/11 at 10:57 AM, the facility's BDDS Reports were reviewed from 10/06/10 through 03/22/11 and indicated the following for client #2:</p> | | | W0289 | <p>Tag W 289</p> <p>Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before 10-21-2011.</p> <p>Client #2's Behavior Support Plan has been updated, staff will be trained on the guardian and HRC approved plan on or before 10-21-2011.</p> <p>Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe. Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period.</p> <p>Day Service staff will be retrained on being proactive during transition period to ensure all consumers are being safe. Training to be completed on or by 10-21-2011. Day Service Coordinator has had a meeting</p> | | 10/11/2011 |

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| | <p>1. A BDDS Report, dated 03/17/11, for an incident on 03/17/11 at 9:10 AM indicated, "Staff had asked/offered [client #2] several activities; [client #2] refused all. [Client #1] was in an activity that [client #2] had refused participation. [Client #2] picked up a beanbag, threw it at [client #1]. The beanbag hit [client #1] on the left arm. [Client #1] was not injured and [client #1] continued activity. Staff initiated [client #2's] Behavior Support Plan (BSP); asked [client #2] to go to quiet area. [Client #2] refused. [Client #2] was escorted (per BSP) to quiet time for 60 seconds. Staff was attempting to keep [client #2] in active treatment and [client #2] continued to refused (sic) activities. [Client #2] was separated from other consumers throughout the day to ensure safety. [Client #2] historically reacts with inappropriate behaviors when expectations are set by staff."</p> <p>2. A BDDS Report, dated 04/14/11, for an incident on 04/13/11 at 4:00 PM indicated, "[Client #2] got up from chair (sic) and went to [client #1], who was sitting in a chair, and [client #2] pulled [client #1's] hair. Staff followed [client #2's] behavior plan. Redirected staff on being proactive, including at the end of the day as this is when this behavior began. Staff will keep [client #2] and [client #1] at arms length AS MUCH AS POSSIBLE. Encourage [client #2] to shake hands when departing."</p> <p>3. A BDDS Report, dated 05/03/11, for an incident on 05/02/11 at 4:00 PM indicated, "Group home staff arrived at the workshop to pick consumer up. Workshop staff was handing a bag to the group home staff; [client #2] reached over and grabbed [client #1's] hair. [Client #1] did not react and appeared fine. [Client #2] went to quiet</p> | | | | <p>with Day Service staff to address staff (Day Service) to staff (Group Home) socialization during transition period. For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed For consumer to consumer aggression the "Team" will review incidents and recommend further corrective actions to be taken. Implementing of any corrective action will be the Department Coordinator's responsibility. Monitoring of the corrective actions will be done by Department Coordinator as needed</p> | | |

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| | <p>time. It is historical for [client #2] to have issues when transitioning. Staff was instructed to ensure that consumers are at least an arms length away from each other at all times."</p> <p>4. A BDDS Report, dated 07/15/11, for an incident on 07/15/11 at 10:05 AM indicated, "While transitioning, [client #2] grabbed [dayservice client #3] and pinched him, leaving a red mark but no bruise at this time. It has been noted in the past that [client #2] does not respond well to transitioning which potentially cause this behavior...Staff followed behavior plan and placed [client #2] into quiet time. Staff informed [client #2] the inappropriateness of her actions. [Client #2] and [dayservice client 3] remained at an arms length away from each other."</p> <p>Client #2's records were reviewed on 09/13/11 at 1:06 PM. Client #2's Behavior Support Plan (BSP) annual updated 06/14/11 plan indicated client #2 had targeted behaviors including, "physical aggression: i.e. pinching, hitting, slapping, or other physical contact directed towards another person with the intent of causing harm). The BSP indicated, "staff need to be aware at all times where [client #2] is in relation to other individuals in the room."</p> <p>The Qualified Mental Retardation Professional (QMRP) was interviewed on 09/14/11 at 12:15 PM. She indicated client #2's plan should have included she was to be an arm's length away from other clients and the BSP did not accurately reflect that fact.</p> <p>1.1-3-5(a)</p> | | | | | | |

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| W0382 | <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to maintain proper medication security for 1 of 1 client (client #1) whose medications included a PRN (as needed) medication which was sent to the agency day service program.</p> <p>Findings include:</p> <p>On 09/13/11 from 6:40 AM until 8:05 AM and on 09/13/11 from 10:00 AM until 11:00 AM, observations were completed at the group home and the agency day service program. On 09/13/11 at 7:50 AM staff #1 was observed to place a card containing medication in a three ring binder. The medication card indicated the card was for client #1 and contained the medication Haldol 1 mg. The three ring binder was placed in a bag which was on the kitchen counter.</p> <p>An interview was conducted with staff #1 at 7:54 AM. Staff #1 indicated the medication was for client #1 and was, "sent back and forth daily in the binder." She indicated it was not locked up during the transport.</p> <p>On 09/13/11 at 10:10 AM an observation at the agency day service revealed a binder laying on the</p> | | | W0382 | <p>Tag W 382 As of 10-21-2011 all transit vehicles that transport to and from the Group Home to the Day Service program have a lock box in which staff are to place all medications for transport inside. To ensure that the box is locked during transportation a double check system by staff transporting will be implemented and a visual check of the lock box upon arrival at the center or home by designated staff will be done on a daily basis. Day Services has implemented a locked drawer that has a locked box inside to keep meds locked in it at all times. Monitoring will be done by Day Service staff designated on a daily basis. To ensure meds are kept locked.</p> | | 10/11/2011 |

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| W0488 | <p>table which contained client #1's medication card of Haldol (to treat psychotic disorders). The medication was not locked. The binder was accessible to anyone who walked into the room. The binder was left unattended on the table with clients when staff attended to other clients who were not at the table. An interview with dayservice staff #1 was conducted on 09/13/11 at 10:15 AM and she indicated the group home and the dayservice sent the medication back and forth in the binder. She indicated the binder was kept on the table during the dayservice hours. She indicated the medicine was not locked at the day service.</p> <p>On 09/14/11 at 12:15 PM an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated all medications should be locked when unattended by staff. She indicated the medication should have been locked on transport and at the dayservice program.</p> <p>1.1-3-6(a)</p> | | | W0488 | <p>Tag W488 Staff will be trained on orby 10-21-2011 on ensuring that the consumers are preparing and serving ther own food correctly and per their choices. Monitoring that the consumers are preparing and serving their own food will be done by Group Home Supervisor</p> | | 10/11/2011 |
| | <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients (client #1, #2 and #3) by not ensuring the client prepared their food as independently as possible.</p> | | | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G101 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | (X3) DATE SURVEY COMPLETED 09/16/2011 | |
| NAME OF PROVIDER OR SUPPLIER CDC INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2906 N 400 E MONTICELLO, IN47960 | | | |
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| | <p>Findings include:</p> <p>Observations were conducted in the group home on 09/12/11 from 4:40 PM until 6:15 PM and on 09/13/11 from 6:40 AM until 8:05 AM. At 5:45 PM staff #2 was observed to place baked potatoes on the plates of clients #1, #2 and #3, take the skin off the potatoes and cut up all of the potatoes. Staff #2 was observed to cut up the meat for clients #1, #2 and #3. Staff #3 was observed to pour milk for clients #1, #2 and #3. On 09/13/11 at 6:45 AM staff #4 was observed to cut up waffles and ham on clients #1, #2 and #3's plates.</p> <p>Client #1's records were reviewed on 09/13/11 at 12:10 PM. Client #1's Comprehensive Functional Assessment (CFA) dated 06/28/11 indicated client #1 was able with assistance to pour and to cut up food.</p> <p>Client #2's records were reviewed on 09/13/11 at 1:06 PM. Client #2's Comprehensive Functional Assessment (CFA) dated 06/16/11 indicated client #2 was able with assistance to pour and to cut up food.</p> <p>Client #3's records were reviewed on 09/13/11 at 2:18 PM. Client #3's Comprehensive Functional Assessment</p> | | | | or designee on a daily basis by visual checks | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011

FORM APPROVED

OMB NO. 0938-0391

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| | (CFA) dated 02/18/11 indicated client #3 was able with assistance to pour and to cut up food. On 09/14/11 at 12:15 PM an interview with the QMRP (Qualified Mental Retardation Professional) was conducted. The QMRP indicated staff should have assisted clients #1, #2 and #3 to prepare their own food and should not have prepared it for them. 1.1-3-8(a) | | | | | | |